

2019-20:C 293006 293006

P.O. Drawer 200 Winter Park, FL 32790-0200 www.inteserra.com

July 24, 2020 Via Overnight Delivery

**Docketing Department** South Carolina Public Service Commission 101 Executive Center Dr. Suite 100 Columbia, SC 29210

RE:

Teliax, Inc

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of Teliax, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to Ruth Betsy's attention at 407-740-3007; rbetsy@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

## Inteserra Compliance

cc:

Doug Funsch - Teliax, Inc

file:

Teliax, Inc - Reporting - South Carolina

RB/db



A	UTHORIZE	Telecommunication  D UTILITY REF		_	VE FORM	
	GER	TIFICATED COMPAN	Y INFORM	AATION.	and the second second	
Company Name: Teliax, Inc.				FEIN/SSI		
DBA/FKA:				Telephone # 303-708-1000		
Mailing Address: 2150	W 29th Ave, #200					
City: Denver		State: CO		ZIP Cod	ZIP Code: 80211	
ILEC	IXC	CLE	c		Wireless ETC	
** **		REGISTERED AGENT I	NFORMATI	ON.	A STATE OF THE STA	
Registered Agent: Cor	poration Service Co	ompany				
Mailing Address: 1703	Laurel Street					
City: Columbia		State: SC		ZIP Cod	ZIP Code: 29201	

## As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

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General Manager				
Name: Doug Funsch				
Address: 2150 W 29th Ave, #2	00			
City: Denver		State: CO	ZIP Code: 80211	
Phone: 303-708-1000	Email: dfun	sch@teliax.com	Fax: 303-412-7078	
Emergency Contact - No	on Office I	lours		
Name: Doug Funsch				
Phone: 303-708-1000	Email: dfun	sch@teliax.com	Fax: 303-412-7078	
Customer Relations/Con	nplaints R	ер		
Name: Teliax, Inc Help Desk				
Address: 2150 W 29th Ave, #2	00			
City: Denver		State: CO	ZIP Code: 80211	
Phone: 303-708-1000	Email: help	@teliax.com	Fax: 303-412-7078	
Complaints Rep for Com	plaint Esc	alation		
Name: Teliax, Inc Help Desk				
Address: 2150 W 29th Ave, #2	00			
City: Denver		State: CO	ZIP Code: 80211	
Phone: 303-708-1000	Email: help	@teliax.com	Fax: 303-412-7078	
Customer Toll Free Cont	act Numb	er: 888-483-5429		
Engineering Operations				
Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Test and Repair				
Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Email: Fax:		Fax:	

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Regulatory Officer				
Name & Title: Doug Funsch, CF	0			
Address: 2150 W 29th Ave, #20	00, Denver, 0	O 80211		
City: Denver		State: CO	ZIP Code: 80211	
Phone: 303-708-1000	Email: dfur	sch@teliax.com	Fax: 303-412-7078	
Annual Report Form Mai	lings			
Name & Title: Ruth Betsy, Com	pliance Repo	rting Specialist I		
Address: P.O. Drawer 200, Win	ter Park, FL	32790-0200	_	
City: Winter Park		State: FL	ZIP Code: 32790-0200	
Phone: 407-740-3007	Email: rbet	sy@inteserra.com	Fax: 407-740-0613	
Dual Party Invoice Mailir	ngs			
Name & Title: Ruth Betsy,			_	
Address: P.O. Drawer 200, Win	ter Park, FL	32790-0200		
City: Winter Park		State: FL	ZIP Code: 32790-0200	
thone: 407-740-3007 Email: rbets		sy@inteserra.com	Fax: 407-740-0613	
Universal Service Fund M	lailing <u>s</u>			
Name & Title: Ruth Betsy, Com	pliance Repo	rting Specialist I	_	
Address: P.O. Drawer 200, Win	ter Park, FL	32790-0200		
City: Winter Park		State: FL	ZIP Code: 32790-0200	
Phone: 407-740-3007	hone: 407-740-3007 Email: rbets		Fax: 407-740-0613	
Gross Receipts Mailings				
Name & Title: Ruth Betsy, Com	pliance Repo	rting Specialist I		
Address: P.O. Drawer 200, Win	ter Park, FL	32790-0200	*	
City: Winter Park	_	State: FL	ZIP Code: 32790-0200	
Phone: 407-740-3007	Email: rbet	sy@inteserra.com	Fax: 407-740-0613	
Lifeline Contact				
Name & Title: Ruth Betsy, Com	pliance Repo	rting Specialist I		
Address: P.O. Drawer 200, Win	ter Park, FL	32790-0200		
City: Winter Park		State: FL	ZIP Code: 32790-0200	
Phone: 407-740-3007 Email: rbets		sy@inteserra.com	Fax: 407-740-0613	

	FORM PREPARER INFORMATION				
This form was completed by:					
Signature: MTERRANA COMBRITANC MACES, INC.	Digitally signed by Relson Fernandet Officer-Nelson Fernandet, enthisseers				
Title: CFO BY NELSON PERSONS CONSULTANT	*Consulting Group: Ou. centil-minimum despirateme.com, cul.5 Date: 201607.23 13:51:58-4616F	Date:			

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Office of Regulatory Staff

Docketing Department

Attn. Kari Munn AND

101 Executive Center Drive, Suite 100

1401 Main Street, Suite 800

Columbia, SC 29210

Columbia, SC 29201